

Elizabeth Burnettta Bivens

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 April

16

Age

1

2

3

Somerset Co.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Latex Mesenterica

How long sick

12 weeks

Death

Immediate

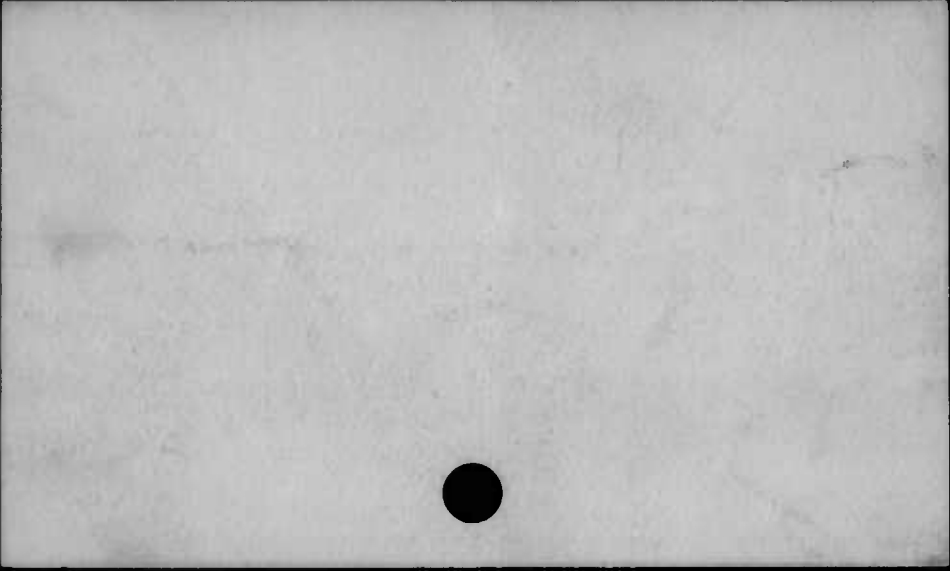
asthenia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town <i>Willington P.O.</i>		County <i>Sumner</i>		MARYLAND	
Date 190 <i>2</i>		Month <i>4</i>	Day <i>20</i>	Y. <i>-</i>	M. <i>-</i>	D. <i>6</i>	Native of <i>ind</i>
Male Female		White Colored		Married Single		Widow Widower	
Husband of		Wife		Mother's		Occupation <i>-</i>	
Name		<i>Along Cotten</i>		Maiden Name		<i>Essie Stewart</i>	
Cause of		Primary		How long sick <i>one day</i>			
Death		Immediate		Accident, Suicide, Homicide			

Reported by

Along Cotten

Address

Willington P.O. ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Princeton* Town *Princeton* County *Princeton* MARYLAND
 Date 19 *02* Month *4* Day *9* Age *11* Y. *—* M. *—* D. *—* Native of *ind.* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*

Husband of *David Curtis*
 Wife *David Curtis*
 Father's Name *David Curtis* Mother's Name *Margie Nelson*
 Cause of Death { Primary *151* How long sick *—*
 Immediate Accident, Suicide, Homicide

Reported by *John Bowland*
 Address *Princeton, ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Thomas Elsy

Town

County

Died at

MARYLAND

Sunes Quarter

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April

15

Age 2

1

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Hampller Robbitt

Mary Elsy

Cause of

Primary

Whooping Cough

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

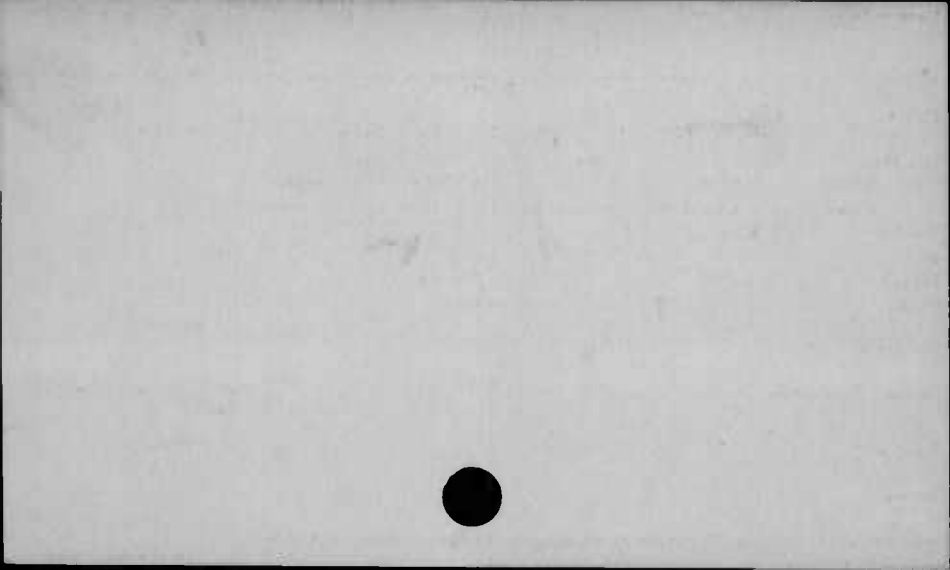
Henry Elsy

Address

Sunes Quarter



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Fitzgerald - at -
 Chisfield, Somerset -
 Town County

MARYLAND

Died at

Date 1902 - Month April Day 1 Y. 30 M. 30 D. 30 Native of Virginia, Va. Occupation Sailor
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living one known

Husband of one known
 Wife one known
 Father's Name one known Mother's Maiden Name one known

Cause of Death { Primary Angine pectoris Immediate 60 How long sick 10 days
 Accident, Suicide, Homicide

Reported by A. H. F. Atkinson
 Address Chisfield, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ada Gale

Died at Chance ^{Town} Somerset ^{County} MARYLAND

Date 1902 Apr 28th ^{Month} ^{Day} Age 1-8- ^{Y.} ^{M.} ^{D.} Native of ind Occupation —

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

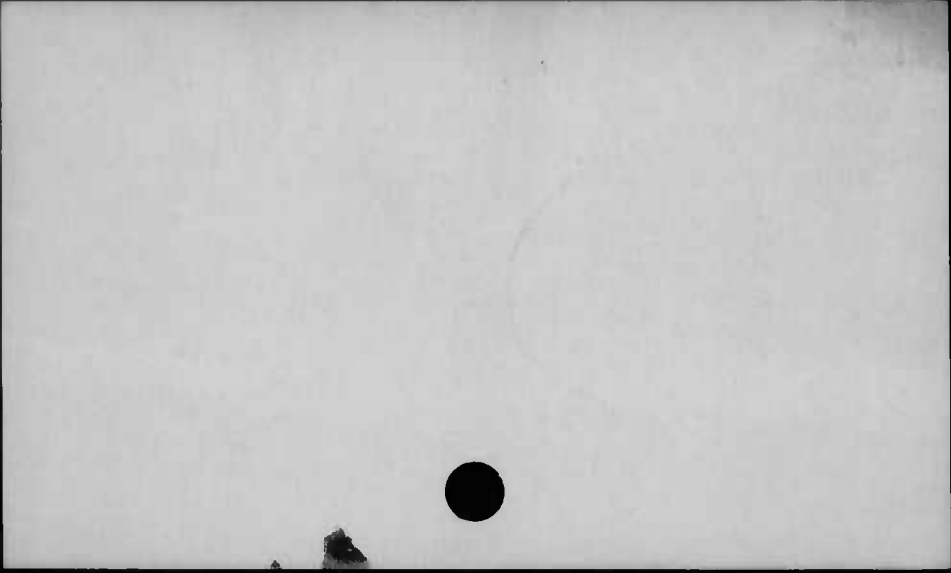


Name in Full *Rosie Guffin*
 Died at *Ausfield* ^{Town} *Somerset* ^{County}
 Date 19 *02* ^{Month} *4* ^{Day} *19* ^{Y.} *3* ^{M.} *-* ^{D.} *-* ^{Native of} *Md* ^{Occupation} *—*
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ~~Single~~ ^{Widower} ~~Number of children living~~

Husband of *—*
 Wife *—*
 Father's Name *Lewis Guffin* Mother's Name *Priscilla Guffin*
 Cause of Death { ^{Primary} *Pneumonia* ^{How long sick} *One week*
 { ^{Immediate} *—* ^{Accident, Suicide, Homicide} *—*

Reported by *G. J. Simonson*
 Address *Ausfield, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Full Name
~~Collaboration~~ Mary Hargis
 Town County

MARYLAND

Died at College Grove Smart
 Month Day Y. M. D. Native of Occupation
 Date 19 02 4 22 Age 65 3 10 Maryland Invalid
 Female Colored Single Widower Number of children living 4-

Husband of John Louis
 Wife Father's Name Mother's Name
 Name Smith-Kramer Maiden Name Smith-Kramer

Cause of Death { Primary Syphilis
 Immediate Pyrexia
 How long sick 2 yrs
 Accident, Suicide, Homicide

Reported by Dr. Fred Adams
 Address Pocomoke City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levin Horsey
 Died at *Fairmont* Town *Somerset* County MARYLAND

Date *1912 April 6th* Month Day Y. M. D. Age *64* Native of *Somerset Md* Occupation *laborer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *4*

Husband of *—*
 Wife *—*
 Father's Name *—* Mother's Name *—*

Cause of Death { Primary *Albumenuria*
 Immediate *Pericarditis*

How long sick *About 1 year*
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by *A. E. Dickinson M.D.*
 Address *Upper Fairmont*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Jones

Town

County

Princeton Somerset

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

April 13

Age

Male

boy

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

yes

Single

Widower

Number of children living

one

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

~~William Jones~~

Charles Walston

Pelle Walston

How long sick

Cause of

Primary

not none

Death

Immediate

yes

Accident, Suicide, Homicide

Reported by

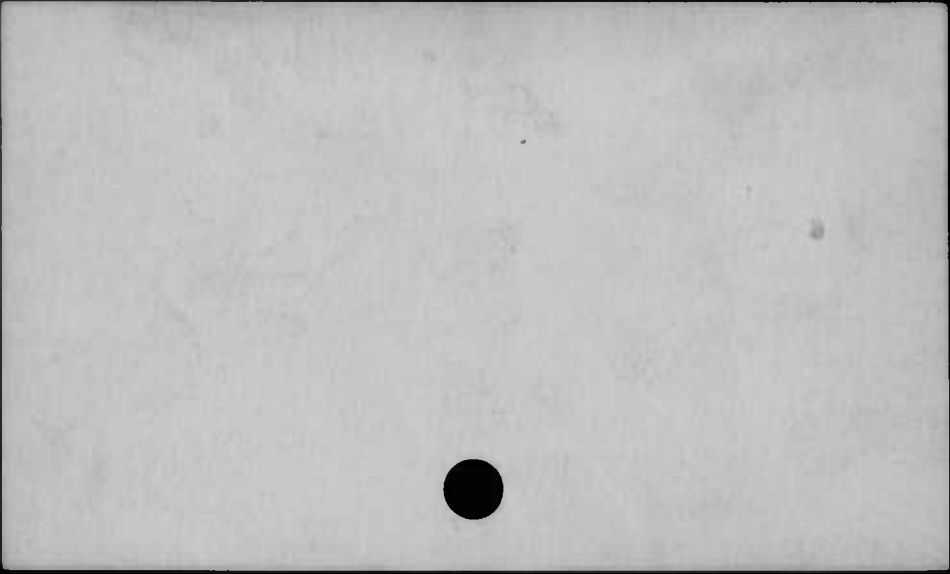
Address

George J. Walston
Princeton

same

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79283



Not Named

Died at *Marion* Town *Somerset* County *MARYLAND*

Date 19*02* *April 21* Month Day Y. M. D. Age *1.5* Native of *Somerset Co. Md.* Occupation
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *—*

Husband of *—*
Wife

Father's Name *Nelson Kersey* Mother's Maiden Name *Josephine Hall*

Cause of Death *Don't know as there was no physician in attendance.* How long sick *Since birth 35 days*
The Physician in attendance at birth stated it would not live as it was a seven months child & was too delicate & puny to live. Accident, Suicide, Homicide

Reported by *[Signature]*
Address *[Signature]*

At 4000 1/2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis Hopkins McAllen

Town

County

Died at Prince Anne Somerset

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

4

1

Age

5

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name Arthur McAllen

Mother's

Name Maud M McAllen

Cause of

Primary

Jaundice 151

How long sick

3 days

Death

Immediate

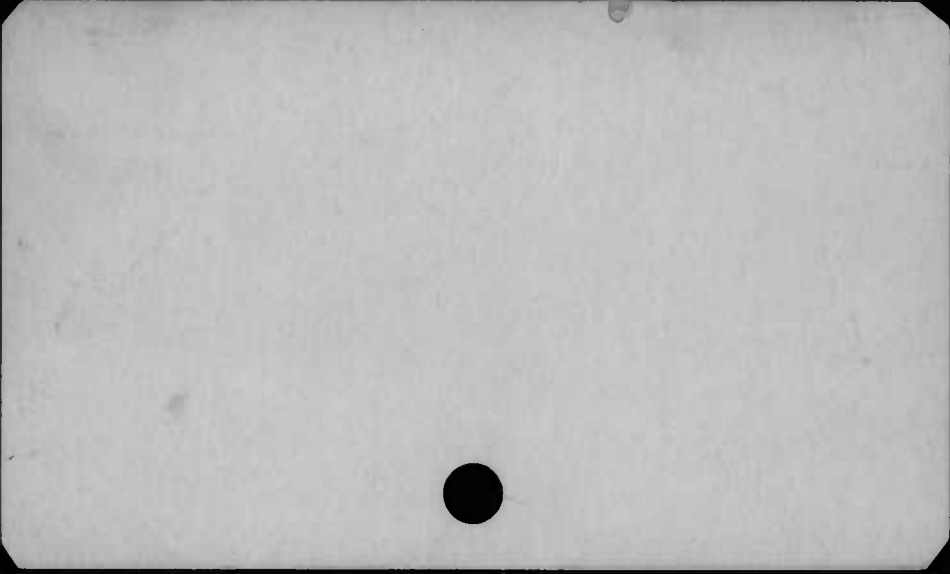
asthma

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Male

Married

VALLEY

~~Discontinued~~

Occupation

of

Mother's

How long sick

3 years

by George H. Hall M.D.

Manokin Somerset Co.

LIBRARY BUREAU. 70820



Name In Full

Certificate of Death

Elizabeth Milburn

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1927 Apr. 28

Age

70

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

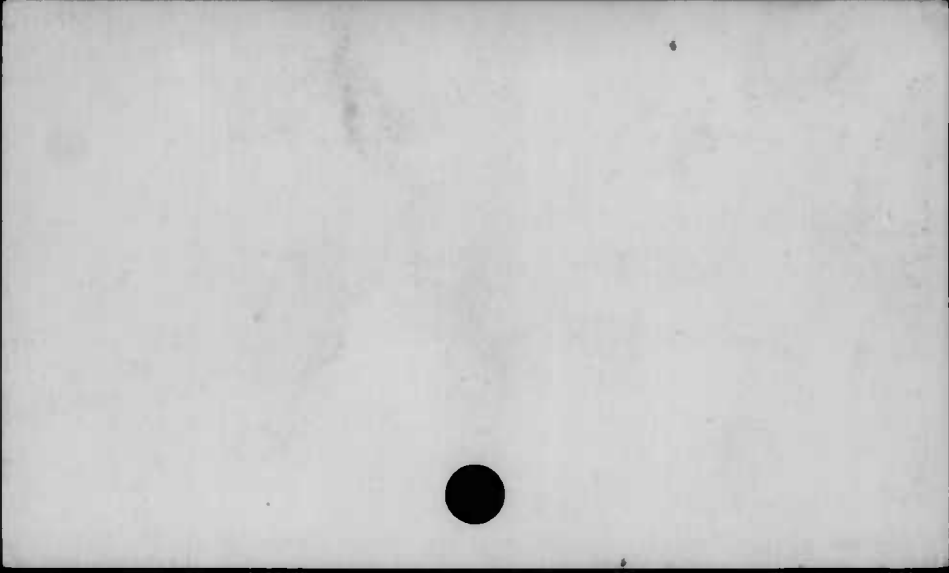
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Mary G Parker

Town

Crisfield

County

Somerset

Date

of death 190

Month

Apr

Day

12

Years

Age

13

Months

Days

Sex

Female

Color or Race

Black

Birth-place

Crisfield Md

Married, Single or Widowed

Single

Occupation

Oyster shucker

Name of Wife or Husband

Father's Name

George Parker

Father's Birthplace

Md

Mother's Maiden Name

Maggie Miller

Mother's Birthplace

Md

Name of person giving information

Jno H Parker

How related to deceased

—

CAUSES OF DEATH

Primary

Pulmonary Consumption

How long

6 months

Immediate

4

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

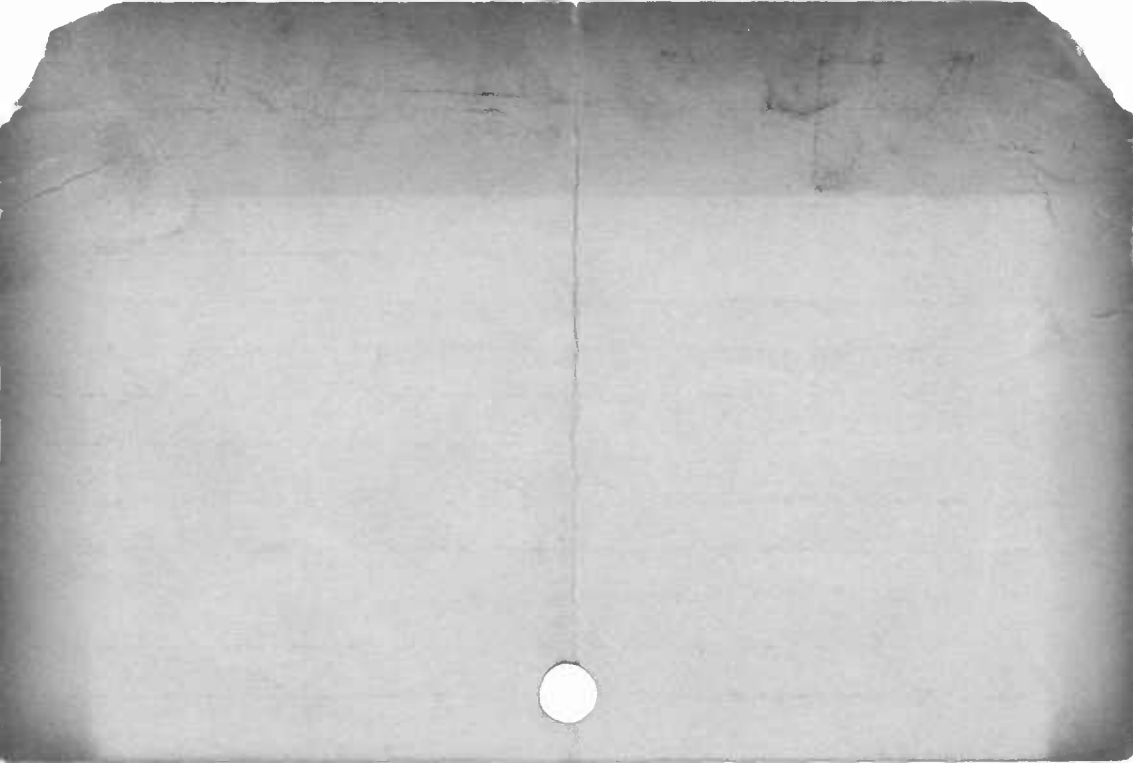
Address

W F Hall Md
Crisfield Md

Accident or Suicide?

27

PHYSICIAN
OR CORONER



Not Named.

Town

County

Died at

Date

Month

Day

Age

Y.

M.

D.

Native of

Occupation

MARYLAND

1902

4-30

7-

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia 93

How long sick

10 days

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John H. Shore

Died at ^{Town} Chance ^{County} Somerset MARYLAND

Date 1907 ^{Month} Apr. ^{Day} 29th ^{Y.} 63 ^{M.} -1- ^{D.} 0 ^{Native of} ind. ^{Occupation} Oysterman

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 7

Husband of Elizabeth Tigner

Wife

Father's Name John H. Shore Mother's Name Charlotte Webster

Maiden Name

Cause of Death { Primary Pneumonia 93 How long sick 10 days

Death { Immediate Exhaustion Accident, Suicide, Homicide

Reported by S. J. Winder, M. D.

Address Same as above Somerset County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur Smith

Town

County

Died at Fairmount Somerset

MARYLAND

Date 1902	Month 4 -	Day 21	Age 18	Y. 1	M. 2	D. 2	Native of Md	Occupation Laborer
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Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name	Wm E Smith	Mother's Maiden Name	Laura Waters
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Cause of Death	Primary	Consumption	How long sick	3 wks
	Immediate		Accident, Suicide, Homicide	

Reported by Geo H. Hall

Address Manokin P.O. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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7

Name in Full

Certificate of Death

William T. Somers

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

4, 28

Age

72.

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living none

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pul. Consumption

How long sick

one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Isaac H. Sterling

Town

County

Died at

Parsonville

Somerset

MARYLAND

Date ~~189~~ 1902 Month 4 Day 15 Y. M. D. Age 62 Native of md Occupation Labor

Male ~~male~~ White ~~white~~ Married ~~married~~ Widow ~~Widow~~ Divorced ~~Divorced~~
 Female Colored Single Widower Number of children living 4

Husband of Lucian Braddock
 Wife

Father's Name Isaac Sterling Mother's Name Elizabeth Sterling

Cause of Primary Cardiac How long sick 3 months
 Death Immediate Exhaustion 79 Accident, Suicide, Homicide

Reported by C. C. Ward

Address Sigfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

C. C. Ward
of Orizaba

Seen by Coroner

of

Information contained in this certificate received from

C. C. Ward
of Orizaba

L. H. Thomas
 Died at *Upper Fairmount* *Wormersset* *MARYLAND*
 Date 19 *02* *April* *26* *th* Age *29* *Y.* *M.* *D.* *Wormersset Co* *Oyster Catching*
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of _____
 Wife

Father's Name *Henry Thomas* Mother's Maiden Name *Esther Holland*

Cause of Death { Primary *Tuberculosis* How long sick *Several Years*
 Immediate _____ Accident, Suicide, Homicide

Reported by *G. E. Dickinson M.D.*

Address *Upper Fairmount*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Moses Wilson

Town County MARYLAND
 Died at Mt Vernon Somerset

Month Day Y. M. D. Native of Occupation
 Date 1902 April 1 Age 70 Somerset former
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Ellen Ward
 Wife
 Father's Name Moses Wilson Mother's Maiden Name Eliza Harris

Cause of Death Primary Pulmonary 93
 Immediate
 How long sick 2 weeks
~~Accident, Suicide, Homicide~~

Reported by C. M. Washell & Bros
 Address Mt Vernon Somerset 60

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

